Ministry of Health and Healthcare System

Plan for 2014-15

saskatchewan.ca

Government of Saskatchewan

Statement from the Ministers

The Honourable Dustin Duncan
Minister of Health

The Honourable Randy Weekes
Minister Responsible for Rural and Remote Health

We are pleased to present the 2014-15 Plan for the Ministry of Health.

The Government's Direction and Budget for 2014-15 are built on the principle of *Steady Growth* to support a continued focus on sound economic growth and shared prosperity.

This plan supports Government's commitment to meeting the challenges of growth and securing a better quality of life for every resident of our province.

Our health system is transforming to become truly 'patient first'. We are firmly focused on improving quality and safety of health services provided to Saskatchewan people and ensuring that they have access to health care where and when they need it.

The Ministry and its partners are working to achieve better health, better care, better value and better teams, through a focus on addressing emergency department waits and patient flow, improving long term care services, enhancing our physician workforce and strengthening mental health and addictions services. These challenging priorities require us to develop and introduce innovative, sustainable solutions in communities across the province. Our efforts support the direction provided in the Saskatchewan Plan for Growth.

As we move forward to achieve specific targets, we are striving to involve patients and families in care decisions and increase transparency across the health system. Our progress on this plan will be detailed in the Ministry's Annual Report.

Response to Government Direction

The Government is committed to establishing Saskatchewan as the best place to live, work and raise a family.

In October 2013, the first progress report on the *Saskatchewan Plan for Growth – Vision 2020 and Beyond* was released. Saskatchewan's growth is strong and steady. As Saskatchewan continues to move forward, the Government will support growth in 2014-15 through investing in people and needed infrastructure, encouraging economic growth, and through sound policy and financial decisions.

Saskatchewan's Vision

"... to be the best place in Canada – to live, to work, to start a business, to get an education, to raise a family and to build a life."

Sustaining growth and opportunities for Saskatchewan people	**Meeting the challenges of growth**	**Securing a better quality of life for all Saskatchewan people**	**Delivering responsive and responsible government**

Government's vision and four goals provide the framework for ministries, agencies and third parties to align their programs and services to these priorities and meet the needs of Saskatchewan's citizens.

All ministries and agencies will report on progress in their 2014-15 annual reports. This supports Government's commitment to keep its promises and ensures greater transparency and accountability to the people of Saskatchewan.

Healthcare System Mission, Vision, and Values

Putting Patients First
Transforming Health Care through Lean

Government of Saskatchewan

Photo Credit: Enterprise Saskatchewan, Greg Huszar Photography, Mosaic Belle Plaine site

Strategy: Better Health

Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

Primary Health Care

Efforts continue to increase access to primary health care for Saskatchewan residents, while also improving the care experience and health outcomes. These efforts centre on developing team-based care models and improved management of chronic conditions. All primary health care teams include, or are linked to, a family physician. A team-based approach ensures patients receive the primary health care they need, when they need it, particularly in rural areas where recruitment and retention of family physicians is a challenge. Improved access and care consistent with best practice guidelines will result in better health for people living with chronic conditions, fewer visits to emergency departments, and fewer hospitalizations.

Key Actions

- Implement Collaborative Emergency Centres (CECs) in Spiritwood, Wakaw and Canora.
- Identify best practice guidelines for two more chronic conditions (heart failure and chronic obstructive pulmonary disease) and develop and deploy tools (flow sheets, how to guides) to support implementation.
- Pilot a "hotspotting" program that will help connect high-risk, high-use patients, who are repeatedly hospitalized and not well served by the current system, with alternative and more customized/personalized services.

Outcome

By March 31, 2017, people living with chronic conditions will experience better health as indicated by a 30% decrease in hospital utilization related to six common chronic conditions (diabetes, coronary artery disease, chronic obstructive disease, depression, heart failure, and asthma).

Improvement Targets

I. By March 31, 2017, there will be a 50% improvement in the number of people who say, "I can access my Primary Health Care Team for care on my day of choice either in person, on the phone or via other technology."

II. By March 31, 2020, 80% of patients with six common chronic conditions (diabetes, coronary artery disease, chronic obstructive pulmonary disease, heart failure, depression, and asthma) are receiving best practice care as evidenced by the completion of provincial flow sheets available through approved electronic medical records (EMR) and the EMR viewer.

Measures

1. Hospitalization rates for six common chronic conditions.
2. Percentage of primary health care patients reporting they can get an appointment on their day of choice.
3. Percentage of Saskatchewan residents who are connected to a family physician or primary health care team as their usual provider of care.
4. Percentage of emergency department visits that are scored as Level 4 or 5 on the Canadian Triage Acuity Scale (CTAS).

Photo Credit: Ministry of Parks, Culture and Sport, Greg Huszar Photography, Cycling near Saskatoon

Seniors

The population of seniors in Saskatchewan continues to grow. Seniors and their families have a desire to see a shift from institutional care to more community supports. With better supports in place for seniors, we expect to see improved health status and a reduced need for emergency department visits, admission to hospital, long-term care and/or personal care homes. Strengthening the collaborative services for seniors with primary health care will improve the effective management of chronic diseases in the senior population.

Key Actions

- Pilot a "seniors house calls" program that will support some seniors with complex issues with a mobile team that includes physicians, nurse practitioners (NPs) and other health care providers to provide home visits and other services that better meet the needs of seniors.
- Complete year two of the Home First/Quick Response Home Care pilot projects.
- Undertake an evaluation (including mid-pilot report) of the Home First/Quick Response Home Care pilot projects.
- Quality improvements in long-term care include:
  - spreading Lean in long-term care, including Lean education, roll out of daily visual management in all facilities;
  - monitoring of quality indicators in long-term care; and
  - exploring the development of benchmark targets for long-term care quality indicators.

Outcome

By March 31, 2020, seniors who require community support can remain at home as long as possible, enabling them to safely progress into other care options as needs change.

Improvement Targets

I. By March 31, 2017, the number of clients with a Method of Assigning Priority Levels (MAPLe) score of three to five living in the community supported by home care will increase by 2%.

II. By March 31, 2015, increase home care utilization and clients in the three pilot RHAs by 5%.

Measures

1. Number of home care patients showing a MAPLe Score three to five.
2. Progress of development and implementation for establishing provincial standards for MAPLe data definitions, collection and reporting.
3. Percentage of acute care beds occupied by individuals assessed for LTC who are awaiting placement.
4. Percentage of residents in daily physical restraints.
5. Percentage of residents on antipsychotics without a diagnosis of psychosis.
6. Number of Home Care clients.
7. Number of home care units of service.

Photo Credit: Tourism Saskatchewan, Greg Huszar Photography, Jones Peak, near Eastend

Mental Health and Addictions

Lean methodologies are being employed in the province to reduce wait times for outpatient mental health and addictions services. Work also continues in the area of suicide prevention, with the spread of newly developed protocols for healthcare providers to ensure there is consistent practice for the assessment and management of persons at risk of suicide in mental health and addiction services. In 2014-15 the Regional Health Authorities and Ministry will continue the work to reduce wait times and work together to develop a plan to spread the suicide protocols to other parts of the health system.

Key Actions

Regional Health Authorities, in cooperation with the Ministry, will:

- Develop and implement strategies to ensure triage benchmark targets for outpatient mental health and addictions services are met (monthly data regarding wait times for outpatient mental health and addiction services. Monitor all triage levels (one to four)).
- Monitor 30 day re-admission rates and develop strategies to reduce the number of individuals re-admitted within 30 days.
- Monitor the number of individuals with long stays on inpatient psychiatry and develop strategies to reduce the number.
- Collect data and establish a baseline for wait times for contract and salaried psychiatrists.
- Participate in the development and implementation of an integrated mental health and addictions information system.
- Develop a defined plan for spread of the suicide prevention protocols to other areas of the health system.

Work on "hotspotting" presented elsewhere in this plan will contribute to improvements in the area of mental health and addictions.

Outcome

By March 31, 2019, there will be increased access to quality mental health and addiction services and reduced wait time for outpatient and psychiatry services.

Improvement Targets

I. By March 31, 2017, wait time benchmarks for mental health and addictions will be met 100% of the time.

Measures

1. Percentage of Mental Health and Addictions clients meeting the wait time benchmarks based on triage level. *(Target for all triage levels is 70% in 2014-15, 85% in 2015-16 and 100% in 2016-17).*
2. Number of individuals readmitted within 30 days to mental health inpatient units.

Photo Credit: Ministry of Environment

Saskatchewan Child and Family Agenda

The Ministry of Health, as a member of the Saskatchewan Child and Family Agenda, will continue to support improvements for a more co-ordinated, cross-government approach to helping Saskatchewan children, youth and families with the complex issues they face.

The aim of the Saskatchewan Child and Family Agenda is to better support the well-being of all children and youth and achieve improved outcomes for vulnerable children and youth; and to maximize the strategic impact of investments through integrated, coordinated programs. More precisely, the goals of the Saskatchewan Child and Family Agenda are:

- Children get a good start in life
- Youth are prepared for their future
- Families are strong
- Communities are safe

A key action for the Ministry of Health in 2014-15 will be finalizing a Fetal Alcohol Spectrum Disorder (FASD) prevention strategy.

Many issues which contribute to mental health and addictions issues are beyond the control of the health system such as social inclusion, employment, safe and affordable housing, education, environment, and biological and genetic factors. In response, the Government has initiated an inter-sectoral review of mental health and addictions services, led by an independent Commissioner and supported by an inter-ministerial project team housed within the Ministry of Health. The Commissioner's public consultations will guide the development of a Mental Health and Addictions Action Plan which will be finalized and presented to the Minister in the fall of 2014.

Photo Credit: Ministry of Parks, Culture and Sport, Greg Huszar Photography, Dock Jumpers

Strategy: Better Care

In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.

Referral to Specialists and Diagnostics

The health system is working to ensure patients have timely access to specialists and diagnostic services so that treatment is not delayed. Work is underway to strengthen coordination, communication, and referral guidelines in order to ensure patients have timely access. The long term goal is for patients to have access to specialists or diagnostic services within one week of being referred.

Key Actions

- Develop and publish baseline wait time measures for all Saskatchewan specialists.
- Hold consultations with Saskatchewan physicians to discuss Future State Plan to reduce the wait time to see a specialist.
- Develop and test a provincial model for an appropriate referral to specialists in two clinical areas.
- Develop multi-year improvement targets to reduce patient wait times to see a specialist by March 31, 2019.
- Develop a physician engagement and communications strategy for the Future State Plan.
- Identify barriers that prevent the expanded use of technology for physicians to communicate with patients electronically.

Outcome

By March 31, 2019, there will be a 50% decrease in wait time for appropriate referral from primary care provider to all specialists or diagnostics.

Improvement Targets

I. By March 31, 2015, a provincial model is developed for appropriate referral to diagnostics and specialists in one or two clinical areas.

Measures

1. The mean wait (in days) for a physician referral to a specialist, for all specialties, sorted by Saskatoon, Regina and all other regions, by month.
2. The mean wait (in days) for a physician referral to each of the two clinical areas piloting the new provincial referral framework.
3. Progress of the development of the provincial framework for an appropriate referral to a specialist or diagnostics.
4. Progress of the development and implementation of the provincial model for an appropriate referral for each clinical area selected (Monthly).
5. Surgical wait times for each of the pilot clinical areas.
6. Patient experience collected from patient surveys.

Photo Credit: Tourism Saskatoon, City of Bridges

Emergency Department Waits and Patient Flow

In January of 2012, the Premier of Saskatchewan challenged the health care system across the province to eliminate waits for emergency department (ED) treatment, and reinforced this direction in October 2012 with the release of the *Saskatchewan Plan for Growth*. It is known that long waits in the ED are a symptom of multi-faceted issues affecting patient flow across the continuum of care, and that to reduce ED waits, the root causes must be identified and addressed. This may include providing more primary health care options in the community, increasing support for patients with mental health and addictions needs, patients with complex medical, social, and behavioural needs, and for seniors. Improvement work in this area therefore seeks to improve emergency department procedures in addition to addressing related processes and pressures outside the ED.

Key Actions

- Establish viable options for less urgent and non-urgent care outside EDs in Prince Albert, Saskatoon, and Regina.
- Establish protocols for linking 'unattached' patients to Primary Health Care Team or General Practitioner during ED visit.
- Establish protocols for safe and timely transfers of care across continuum.
- Optimize care team complement and scopes of practice within EDs.
- Build capacity by developing geriatric core competencies.
- Establish alterative models of care for ED patients in Prince Albert, Saskatoon, and Regina.
- Optimize triage protocols within the ED.
- Establish a patient navigation strategy to improve patient outcomes and reduce ED re-visits and acute care readmissions.
- Fully implement medication reconciliation at transfer or discharge from acute care, and admission and transfer from long term care.

Work related to "hotspotting", seniors house calls, and the Home First Program will be part of, or contribute to, improvements in the area of emergency department waits and patient flow. These are presented in other sections of the plan.

Outcome

By March 31, 2017, no patient will wait for care in the emergency department.

Hoshin (2014-15 breakthrough improvement goal)

At least 85% of patients requiring admission from emergency department are admitted to an appropriate bed within 5 hours.

Improvement Targets

I. Maintain the number of Alternate Level of Care days (waiting placement) across the province and in each region at no more than 3.5% of total.

II. By March 31, 2015, 50% reduction in emergency department waits.

Photo Credit: Saskatchewan Watershed Authority, photo by Jim Kroshius, Katepwa Weir

Measures

1. Percentage of patients responding 10 to the question: "Overall, I would rate my Emergency Room visit as ..." where 1=worst and 10=best.
2. Time to physician initial assessment in emergency department for Canadian Triage Acuity Scale (CTAS) 3-5 patients.
3. Time to physician initial assessment for CTAS 1 and CTAS 2.
4. Length of time from the decision to admit from the emergency department until the patient is in an appropriate bed.
5. Length of time from when an in-patient bed is assigned until the patient arrives in that bed.
6. Establish baseline for Number of Alternate Level of Care (ALC) days (Canadian Institute for Health Information definition) as a proportion of total Acute Care bed days.
7. Number of ALC days as a proportion of total Acute Care bed days.
8. Length of stay in the emergency department for CTAS 4-5 patients.
9. Acute Care 30 and 60 day Readmission Rates.
10. Number of patients who left without being seen.

Appropriateness/Best Practice

Work in this area aims to ensure patients receive consistent, evidence-based, and safe diagnostic and treatment options, receive high-quality care experiences, and achieve the intended outcomes. Patients with similar conditions frequently experience differences in diagnostic testing and treatment options offered or provided, resulting in varied experiences and outcomes. There are many complex factors to consider when diagnostic tests and treatment options are offered to patients which results in some variation. Lean process improvement gives us standards and tools for improving how evidence-informed care is delivered.

Key Actions

- Develop a project charter to include project governance, stakeholder identification, accountability and authority structures, scope and replication strategy.
- Identify and pursue early opportunities in lab and diagnostic imaging to start to achieve efficiencies for patients and the Health System.
- Develop a strategy and plan to ensure that appropriate data capture and reporting tools, including data analysis and reporting mechanisms, are in place to support clinical quality (variation and appropriateness) improvement initiatives.
- Develop and initiate a broad physician appropriateness engagement and communication plan.
- Develop a specific Physician Engagement Plan for each of the components of the Appropriateness Initiative, including discussion and adoption of a physician compact (and/or contract, and/or Medical Staff Rule, or policy) which includes participation in quality improvement.
- Continue with Variation and Appropriateness Working Group work already underway with a defined and resourced data/measurement system and an evaluation plan, to inform and address the variation in vascular, lower spine procedures, breast and prostate cancer surgery.
- Clinical pathways development/improvement for 2014 15 is aligned to support the appropriateness strategy.

Outcome

By March 31, 2018, there will be a 50% reduction in inappropriate services.

Photo Credit: Tourism Saskatoon, River Landing Riverfront Park at Dusk

Improvement Targets

I. By March 31, 2015, develop a provincial appropriateness framework strategy, implementation plan and accountability mechanisms.

II. By March 31, 2015, data analysis and reporting mechanisms are in place to capture and analyze baseline data that flows back to point of care.

Measures

1. Level of development reached, by quarter, for establishment of an Appropriateness Framework for Saskatchewan.
2. Level of implementation reached, by quarter, for each individual appropriateness projects. [For each model line/project]
3. Level of development of mechanism(s) [e.g. compact] that support physician involvement.
4. Level of development, by project/model line, of measurement mechanisms for data capture at point of care, analysis and reporting back to point of care.

Photo Credit: Ministry of Parks, Culture and Sport, Charles Melnick, Canola and Flax Fields

Strategy: Better Value

Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment and information infrastructure.

Bending the Cost Curve

Health costs continue to increase. A focused effort is required to ensure the health system is sustainable into the future. The health system is expected to bend the cost curve by lowering status quo growth rate by 1.5% per year by 2017. Improvements to quality of processes and products, and business cases that identify shared service opportunities will improve the system and create savings. For 2014-15, the areas of focus include: transcription services, environmental services, supply chain services, and enterprise management. Tools and processes to assist in managing the work force, ensuring that the right workers are in the right place at the right time will aid in managing compensation costs. The utilization of Lean management tools will assist in enhancing quality and effectiveness.

Key Actions

- Organizations will continue to pursue shared services initiatives that improve quality and reduce cost.
- Organizations will reduce salary costs by focusing on staffing at straight time.
- Organizations will continue to pursue Lean efficiencies.

Outcome

By March 31, 2017, as part of a multi-year budget strategy, the health system will bend the cost curve by lowering status quo growth rate by 1.5% per year.

Improvement Targets

I. By March 31, 2015, shared services will achieve measurable improvements in quality while achieving the $100M in cumulative savings.

II. By March 31, 2015, we will have spent 1% less on straight time worked hours and premium hours than in 2013-14, resulting in approximately $20M savings to the system.

III. By March 31, 2015, the 2014-15 approved business cases for shared services will be presented for feedback and implemented once a final decision is made and an implementation plan is in place.

Measures

1. 2014-15 Regional Health Authority and Athabasca Health Authority financial status, as measured by operating surplus/deficit.
2. Straight time and premium costs.
3. Straight time and premium hours.
4. Sick time costs.
5. Sick time hours.

Photo Credit: Ministry of Parks, Culture and Sport, Hans-Gerhard Pfaff, Victoria Park, Downtown Regina

Strategic Investment in Infrastructure

Maintaining needed health system infrastructure (information technology, facilities, and equipment) is essential to ensuring continuity of health services for our patients. We are taking a strategic provincial approach. This provincial approach will ensure standardization, coordination, and integration across the system.

Key Actions

- Explore options to improve asset management across system.
- Redesign and streamline the capital development (new and replacement) process.
- Streamline and consolidate provincial equipment prioritization and funding process.
- Draft provincial information technology (IT) strategic planning process in place, including approved structure and decision making process.
- Receive approval for and begin implementation of provincial information technology/information management (IT/IM) strategy.

Outcome

By March 31 2017, all infrastructure (information technology, equipment and facilities) will integrate with provincial strategic priorities, be delivered within a provincial plan and adhere to provincial standard work.

Improvement Targets

I. By March 31, 2015, equipment and facility renewal planning processes will be developed to ensure a coordinated and integrated provincial approach.

Measures

1. Project schedule developed for all key infrastructure elements for the integrated provincial approach.
2. Status of the redesigned capital development process.
3. Progress of the streamlined equipment prioritization and funding process.
4. Progress of the IT strategic planning process.
5. Progress of the implementation of the IT/IM management strategy.

Photo Credit: Saskatchewan Watershed Authority, SWA employees, water quality monitoring, Moose Jaw River

Strategy: Better Teams

Build safe, supportive and quality workplaces that support patient- and family-centred care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers.

Culture of Safety

Improving the safety of patients and healthcare workers is a top priority in Saskatchewan. Harm can occur in all healthcare settings, however many of these harms are preventable when safety practices are embedded in daily work. One step towards establishing a culture of safety is to design a safety alert system that empowers patients, families, and healthcare workers to recognize a potentially dangerous situation and trigger a process to stop the harm before it occurs. True improvement occurs when organizations create a culture of safety that places both patient and staff safety at the heart of the organization's activities. All of the work in this area aims to eliminate harm to both the patients we serve and those providing care.

Key Actions

- Begin implementation of a provincial Safety Alert System and Stop the Line process with the development of a "model line" in the Saskatoon Health Region and coordinate replication in stages, when new processes are working well, and regional health authorities are ready.
- Introduce an awareness campaign, "Who's got your back?" aimed at reducing shoulder and back injuries in the workplace.
- Fully implement at a minimum, Elements 1-2-3 of the Safety Management System:
  1. Leadership and Commitment.
  2. Hazard Identification and Control.
  3. Training and Communication.

Outcome

To achieve a culture of safety, by March 31, 2020 there will be no harm to patients or staff.

Improvement Targets

I. By March 31, 2017, fully implement a provincial Safety Alert/Stop the Line System.

II. By March 31, 2015, "Stop the Line" will be replicated in three acute care facilities in Saskatoon and one other agency or region.

III. By March 31, 2016 there will be zero shoulder and back injuries.

Measures

1. Level of readiness for provincial Safety Alert System/Stop the Line in each health region.
2. Number of incidents reported by staff, and by patients and family members.
3. Number of incidents investigated for root cause, with implementation of a corrective action plan.
4. Time from incident to implementation of corrective action plan.
5. Number of accepted WCB shoulder and back injury claims.

Photo Credit: Courtesy of Enterprise Saskatchewan, Hathor Exploration Camp

Rural Physician Supply

A Physician Recruitment Strategy will assist in determining physician requirements throughout the province. Currently, the extent of a statistically validated physician shortage in rural Saskatchewan and in other parts of the province is largely unknown. The plan will describe physician need in the context of team-based care, innovative models of service delivery, population demographics and disease, illness, or injury incidence.

Key Actions

- Value Stream Map the recruitment process and develop plan for subsequent process improvements.
- Develop clear strategic direction for rural training exposure of medical students and residents.
- Implement physician recruitment strategy targeted to movement towards desired future state – as identified at the November 2013 Visioning Session.
- Develop a provincial physician resource plan and align future physician recruitment strategies with the plan.
- Standardize provincial primary care physician contracts.

Targets

I. By March 31, 2017, increase rural physician supply by 33%.

II. By March 31, 2015, decrease rural physician turnover to 8% from 18.1%.

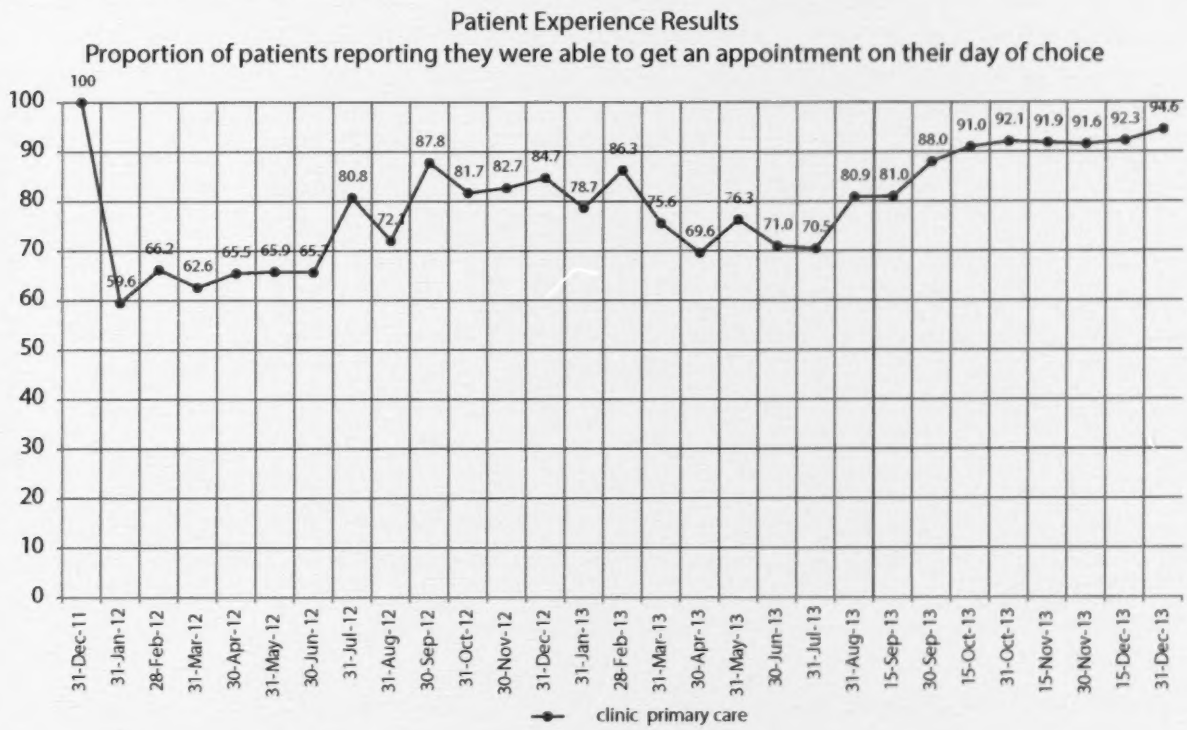
Measures

1. Implementation of an updated physician recruitment and retention strategy.
2. Release of a provincial physician resource plan.
3. Recruitment and medical education training needs targeted to needs/gaps identified within the physician resource plan.

Performance Measures

Measure

Primary health care patients reporting they can get an appointment on their day of choice



Data Source: Primary Health Care Patient Experience Survey (PES) (clinic based) administered through Saskatchewan Health Quality Council

Measure Description

This measure relates to the health outcome: By March 31, 2017, there will be a 50% improvement in the number of people who say "I can access my Primary Health Care Team for care on my day of choice either in person, on the phone or via other technology".

The graph above represents the percentage of patients who responded "yes, they were able to get an appointment on their day of choice."

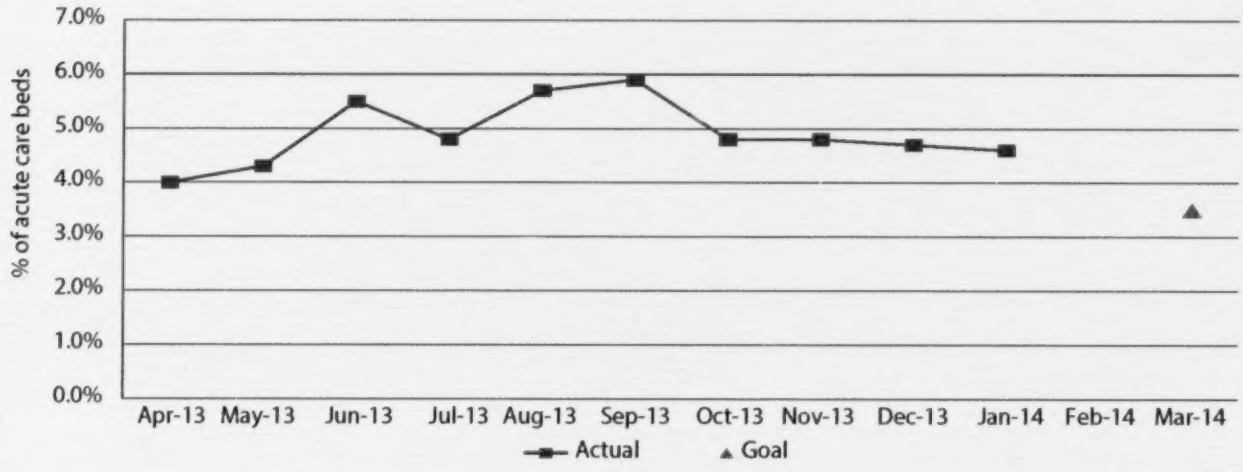
The value of this measure is limited. Because this survey is only administered to patients once they are at their provider's clinic, it reflects data for people who have been successful in booking an appointment. It does not provide a way to measure patients' experience trying to access care if they do not have a provider, or if they have not been able to book an appointment with their provider of choice.

A new patient experience survey was implemented in 2013 and has been introduced to an increasing number of clinics. In 2014-15, more work will occur to expand the use of this clinic-based survey, such as potentially implementing a province-wide phone-survey to learn from a sample of patients across Saskatchewan, in order to understand if their experience accessing care differs from those patients surveyed once in their providers' practices.

Photo Credit: Ministry of Parks, Culture and Sport, photo by Paul Austring, Duck Mountain

Measure

Percentage of acute care beds occupied by individuals assessed for Long Term Care (LTC) who are awaiting placement



Data Source: Manual bed count submitted by regional health authorities to Ministry of Health

Measure Description

This measure relates to the health improvement target: By March 31, 2017, the number of clients with a Method of Assigning Priority Levels (MAPLe) score of 3 to 5 living in the community supported by home care will increase by 2%. Monitoring the number of acute care beds occupied by long-term care (LTC) residents waiting placement indicates a number of things: appropriate range of continuing care services available to support seniors living in their homes for as long as possible, individuals placed in long-term care when it's needed and appropriate, and freeing up acute care beds for their intended purpose.

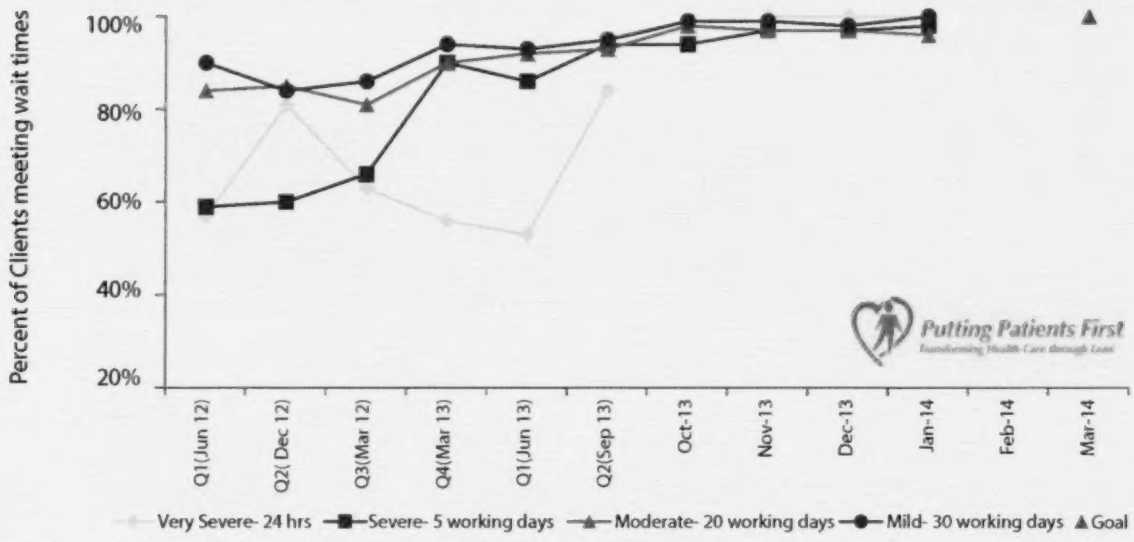
Priority areas to achieve this target could include the development of a consistent policy regarding individuals occupying acute care beds awaiting LTC placement.

Photo Credit: Ministry of Advanced Education, Employment and Immigration

Measure

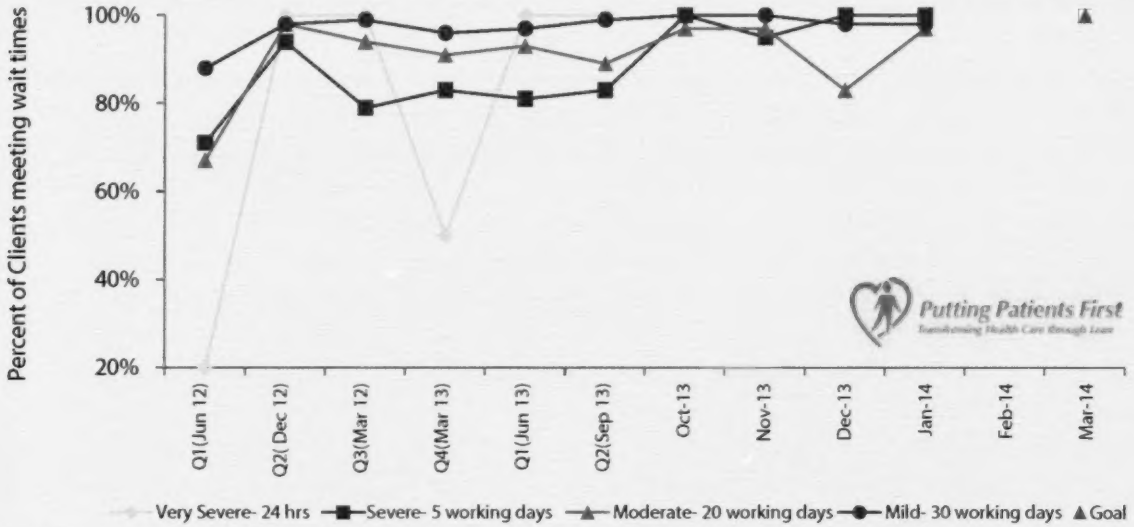
Percentage of mental health and addiction clients meeting the wait time benchmarks based on triage level

Percentage of adult addiction clients meeting the wait time benchmarks based on triage level.



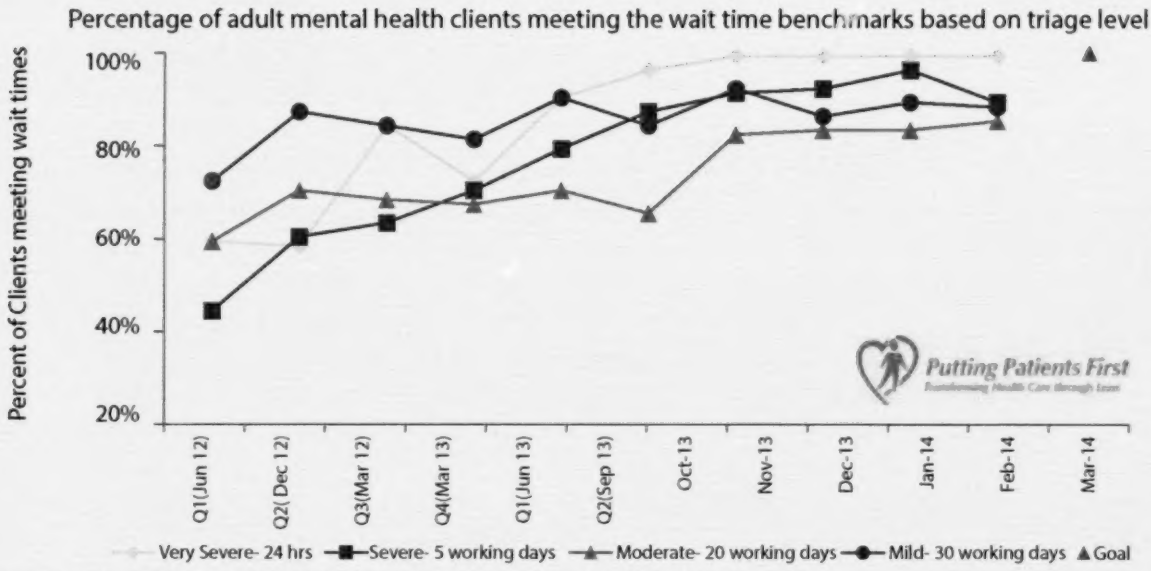
Data Source: Manual wait time calculation submitted by regional health authorites to Ministry of Health

Percentage of child and youth addiction clients meeting the wait time benchmarks based on triage level

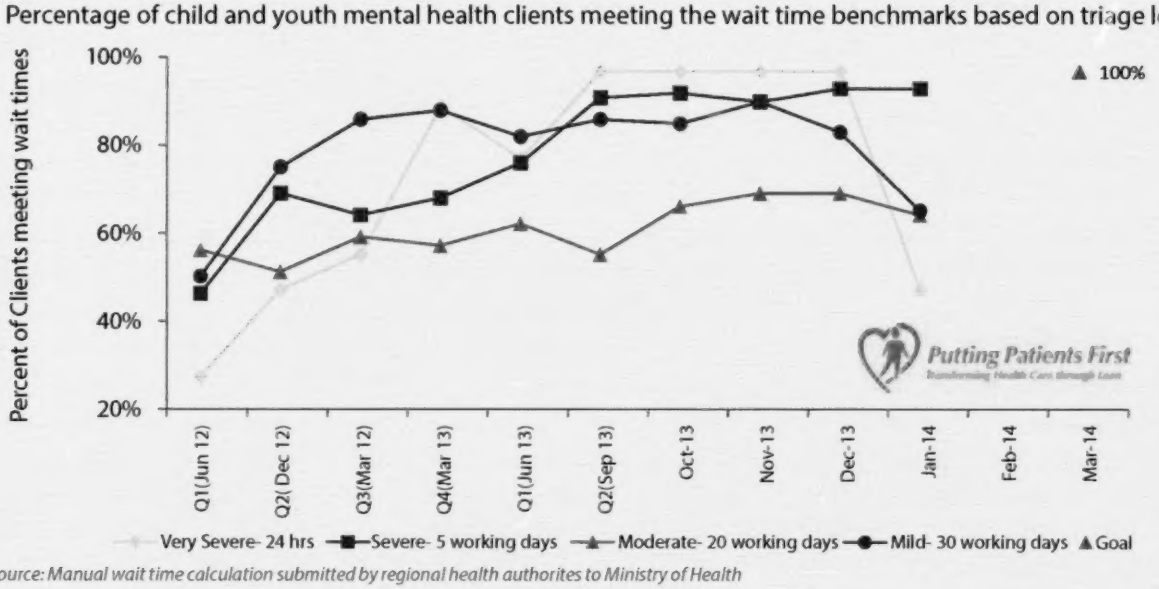


Data Source: Manual wait time calculation submitted by regional health authorites to Ministry of Health

Photo Credit: Tourism Saskatchewan, Greg Huszar Photography, Over the Hill Orchards



Data Source: Manual wait time calculation submitted by regional health authorites to Ministry of Health



Data Source: Manual wait time calculation submitted by regional health authorites to Ministry of Health

Photo credit: Ministry of Government Services, TC Douglas Building

Measure Description

This measure relates to the five-year health outcome: By March 31, 2019, there will be increased access to quality mental health and addiction services, which includes residential and community support for individuals with complex mental health needs, and decreased wait times for outpatient and psychiatry services.

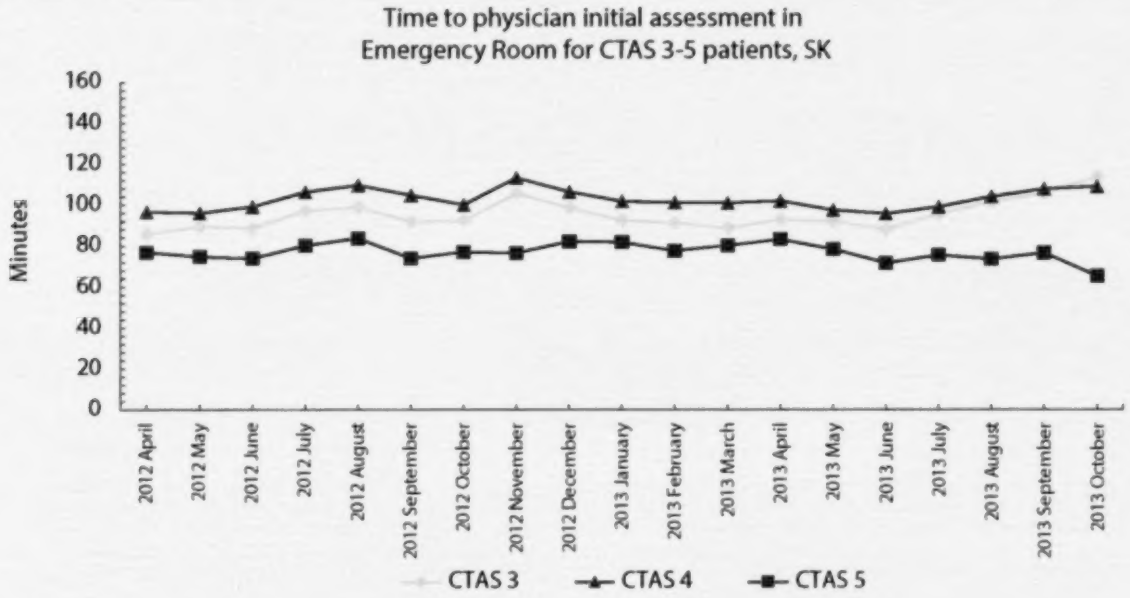
The graph shows the percentage of clients who access services according to the benchmark times as assessed: Very Severe - 24 hours; Severe - 5 working days; Moderate - 20 working days; Mild - 30 working days.

In the past, some Regional Health Authorities had long waits for mental health and addiction services. This can result in decreased client functioning, increasing severity in mental health and addiction issues, leading to hospitalization and emergency department presentation. Improvements are already being realized. This is a multi-year project focusing on the reduction of wait times for outpatient mental health and addiction services. In 2014-15, the target is to meet the wait time benchmark for 70% of clients at all urgency levels, 85% meeting targets in 2015-16 and 100% by 2016-17.

Photo Credit: Ministry of Parks, Culture and Sport, Hans-Gerhard Pfaff, Downtown Regina

Measure

Time to physician initial assessment in Emergency Department for Canadian Triage and Acuity Scale (CTAS) 3-5 patients, SK



Data Source: National Ambulatory Care Reporting System (NACRS) via Canadian Institute for Health Information portal

Measure Description

This measure relates to the five-year health outcome: By March 2017, no patient will wait for care in the emergency department.

The graph presents the average length of time it takes from when a patient is registered and/or is triaged by a nurse, to when a patient is initially assessed by a physician in an emergency department.

Planning is underway to design and implement options, by March 2015, to reduce the average time for Physician Initial Assessment (PIA) by 50%.

CTAS stands for Canadian Triage and Acuity Scale. This scale is defined by the Canadian Association of Emergency Physicians (CAEP). The CTAS allows ED nurses and physicians to:

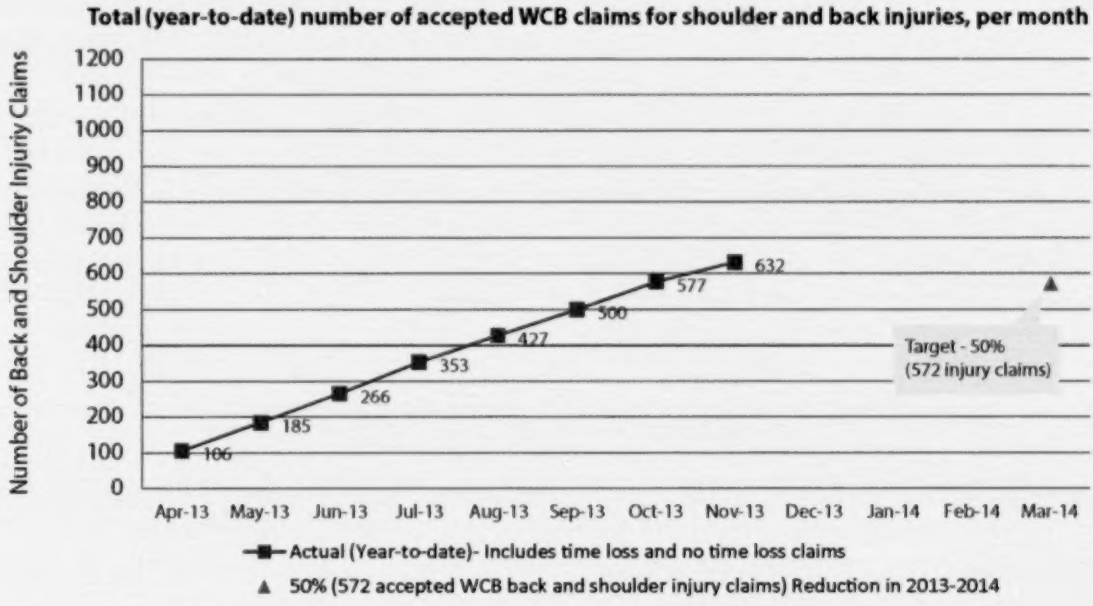
- triage patients according the type and severity of their presenting signs and symptoms;
- ensure that the sickest patients are seen first when ED capacity has been exceeded due to visit rates or reduced access to other services; and
- ensure that a patient's need for care is reassessed while in the ED.

CTAS scale ranges from 1 to 5, where 1 indicates the highest level of need or acuity (person requiring resuscitation) and 5 indicates individual requiring non-urgent ED care.

Photo Credit, Ministry of Parks, Culture and Sport, photo by Paul Austring, Holy Trinity Anglican Church, Stanley Mission, Lac La Ronge Provincial Park

Measure

Number of accepted WCB injury claims stratified by injury type (shoulder and back)



Data Source: Workers' Compensation Board claims

Measure Description

This measure relates to the two-year health improvement target: By March 31, 2016 there will be zero shoulder and back injuries.

Back injuries were the most common type of injury in the health care sector representing 25% of all reported injuries. In addition to being the most common type of injury, back injuries represent 31% of the health care sectors total costs and represent 30% of the sectors total compensation days.

In order to reduce the overall number of accepted Workers' Compensation Board injury claims, regional health authorities and the Saskatchewan Cancer Agency will implement, at a minimum, three elements of the Safety Management System: Management Leadership and Organizational Commitment, Hazard Identification and Assessment, and Hazard Control. Organizations across the province will develop their own improvement initiatives, tailored to their unique needs.

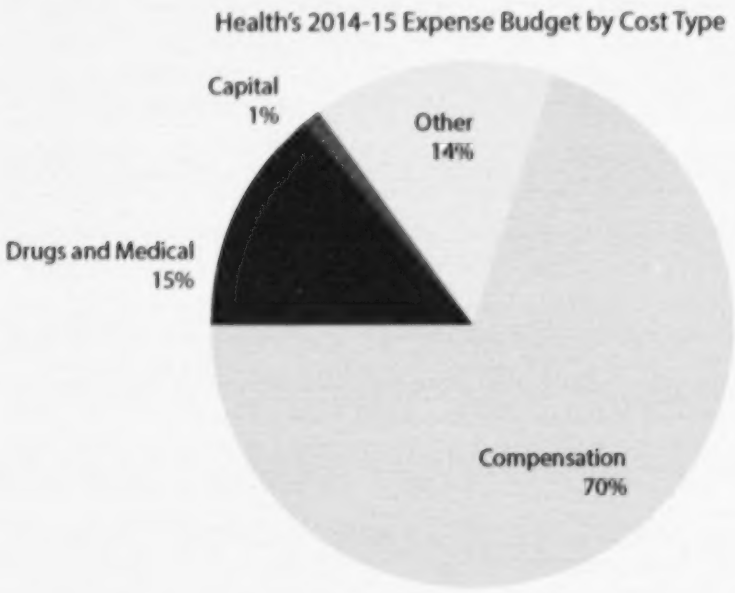
Financial Summary

2014-15 Estimates	(in thousands of dollars)
Central Management and Services	12,863
Regional Health Services	3,477,586
Provincial Health Services	226,640
Medical Services and Medical Education Programs	880,761
Drug Plan and Extended Benefits	371,661
Early Childhood Development	10,993
Provincial Infrastructure Projects	43,317
Ministry Appropriation	**5,023,821**
Capital Asset Acquisitions	(43,740)
Non-Appropriated Expense Adjustment	5,435
Ministry Expense	**4,985,516**
FTE Staff Complement	**496.9**

Operating Expense Base		
Compensation	3,503,419	70%
Drugs and Medical	738,000	15%
Other	687,547	14%
Capital	56,550	1%
Total	4,985,516	100%

For more information, see the Budget Estimates at: http://www.saskatchewan.ca/budget

Photo Credit: Ministry of Parks, Culture and Sport, Nancy Ackerman, Dancers, Carry the Kettle First Nation



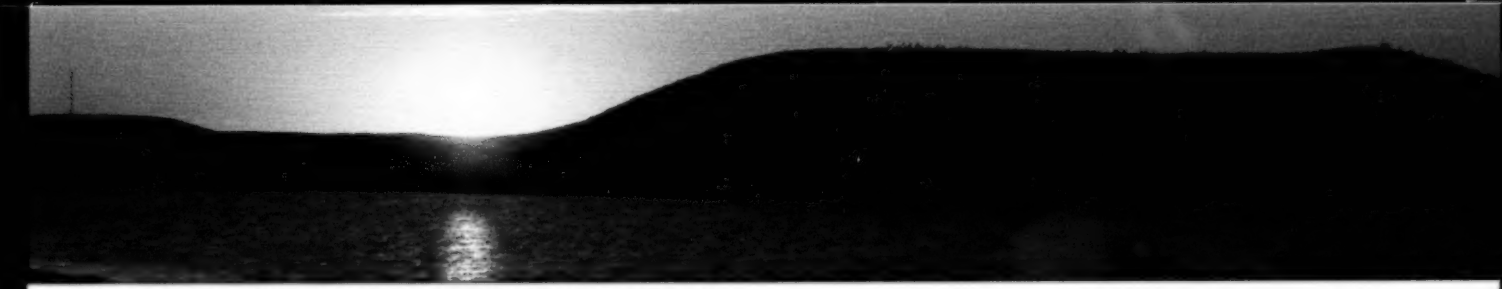


Photo Credit: Saskatchewan Watershed Authority, photo by Vicki East, Rafferty Reservoir

Highlights

Health's $4.99 billion budget for 2014-15 (increase of $144 million or 3 per cent) provides significant investments to continue the health system's 'patient first' transformation and improve the quality of life of Saskatchewan people.

Key areas to support the health system include:

- **$3.25 billion** for **Regional Health Authorities** (increase of $107.5 million over 2013-14), including **$24.0 million for population growth** within regions (recognizing that growth must be carefully balanced and managed).
- **$155.7 million** for the **Saskatchewan Cancer Agency** (increase of $4.9 million) to support enhanced access to cancer services.
- **$94.9 million capital investment**, which includes:
  - $27.3 million to continue construction of long-term care facilities in Biggar, Kelvington, Kipling, Maple Creek and Prince Albert;
  - $23.3 million for life safety and emergency repairs;
  - $16 million to complete the new Moose Jaw Union Hospital replacement;
  - $15.3 million for diagnostic, medical/surgical and other equipment, including $1.9 million for a new linear accelerator at Regina's Allan Blair Cancer Centre;
  - $8 million for upgrades and repairs to Parkridge Centre in Saskatoon; and,
  - $3.5 million in new funding for facility planning: renewal of Prince Albert's Victoria Hospital, replacement of long-term care facilities in Regina Qu'Appelle Health Region, and more long-term care beds in La Ronge.
- **$60.5 million** for surgical services, to support achievement of the three-month wait time target in all health regions by the end of 2014-15.
- **$9.7 million targeted investment in seniors**, which includes:
  - $3.7 million for the Urgent Issues Action Fund to improve services in long-term care facilities;
  - $4.5 million ($2.5 million increase) for the Home First/Quick Response Home Care pilot program (now in Regina, Saskatoon and Prince Albert); and
  - $1.5 million ($750,000 million increase) for 24 additional beds at Pineview Terrace Lodge in Prince Albert.
- **$4.0 million** to advance work to reduce emergency department wait times to zero by 2017 and improve patient flow across the spectrum of care. This includes $1.7 million for the emergency department wait time initiative, $800,000 to provide house calls to seniors with complex needs, and $1.5 million for a program to identify and assist high-risk, high-needs patients who may be repeatedly hospitalized (hotspotting).

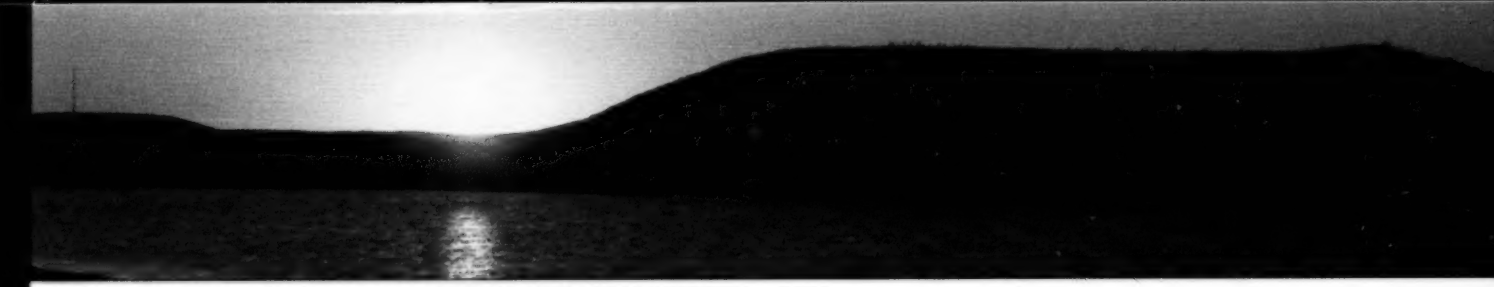


Photo Credit: Saskatchewan Watershed Authority, photo by Vicki East, Rafferty Reservoir

- **$13.1 million** ($3.4 million increase) to support innovative approaches that improve access to primary health care, including more Collaborative Emergency Centres (CECs) to improve health services for Saskatchewan people. CECs are designed to increase access to high quality, comprehensive primary health care that is capable of dealing with unexpected illness or injury in a timely fashion.
- **$5.9 million** ($2.6 million increase) to continue the Rural Family Physician Incentive Program and support a locum pool of 20 rural physicians – to improve patient access to physician services by encouraging physicians to practice in rural communities.

Measures to Help Reduce Health Costs:

- **Regional Health Authorities** and the **Saskatchewan Cancer Agency** will seek a total of **$51.9 million in efficiencies** in 2014-15 through sharing of services, attendance management and reduction of lost time due to injuries, premium pay and sick time.

For More Information

Please visit the Ministry's website at http://www.saskatchewan.ca/government/ministries/health for more information on the Ministry's programs and services.

Front Page Photo Credits

Canola and flax fields	*Biking, Narrow Hills Provincial Park*	*Over the Hill Orchards*	*Saskatchewan Legislative Building*
Photographer, Charles Melnick	*Greg Huszar Photography*	*Greg Huszar Photography*	*Greg Huszar Photography*